

BARRINGTON TOWN

RECREATION

2014 CHESS CAMP



JULY 21 - 25, 2014
9 AM - 11 AM
BARRINGTON MIDDLE SCHOOL

FEE: \$120

CHESS IS A GAME THAT CAN BE APPROACHED AS A SPORT, SCIENCE OR AN ART FORM. IN THIS CAMP THE CHILDREN WILL LEARN THE FUNDAMENTALS AS WELL AS THE MORE ADVANCED TECHNIQUES TO IMPROVE THE LEVEL OF PLAY.

ALL ASPECTS OF CHESS WILL BE COVERED. THE CAMP WILL CONSIST OF INSTRUCTIONAL, PLAY, AND GROUP WORK ON THE CHESS STRATEGIES AND TECHNIQUES.

DIRECTOR: MICHELE GEREMIA
(401) 247-1925
EMAIL: RECREATION@BARRINGTON.RI.GOV

CHESS CAMP REGISTRATION - JULY 21-25, 2014

Completed form(s) and payment must be delivered to the **Barrington Town Hall**
(Attn: Recreation Department) or to the **Recreation Department** (located in the Barrington Library)
2 weeks before the start of the camp.

Parent / Guardian Information:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

*Email: _____

***Email required, as we send all
information via email.**

OK to use email address to hear about other
Barrington Recreation events: Yes ☐ No ☐

Child # 1 Name: _____ Age _____

Beginner
(Circle one)

Intermediate

Child # 2 Name: _____ Age _____

Beginner
(Circle one)

Intermediate

Total: \$120 per person ~ Check(s) made payable to **Town of Barrington**

Amount Paid _____ Check # _____ Cash _____ Receipt # _____

- ❖ Registration & fee to be completed and payment made 2 weeks prior to the start of camp.
- ❖ **Do not return paperwork to the school.** This is a Town of Barrington Program.

I, the parents/guardian of the above child(ren), hereby give my approval for his/her participation in any/all activities during the Barrington Recreation Department's 2014 Chess camp at the Barrington Middle School. I assume all risks and hazards incidental to such participation, including transportation to and from such activities, and hereby waive, release, absolve, indemnify, and agree to hold harmless all individuals responsible for the conduct or activity involving my child(ren). Also, I understand that registrations for children requiring special attention are reviewed on a case-by-case basis with the Recreation and program director(s). I understand that the Recreation Department does not receive specialized training for various special needs, but will work with individuals as appropriate. I will provide as much detail as possible, including any physical/emotional needs or medications involved so that the staff will be able to provide a positive experience for each child.

Parent / Guardian _____
Signature

Parent / Guardian _____ Date _____

Please print